

Public Health Nursing Workforce:

Looking toward and planning for the future



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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Survey Workgroup

- Debbie Chaulk, MSN, RN, PHCNS-BC
- Dawn Dewkett, DNPc, BSN, RN
- Andy Ellingson, MPH
- Glynnis LaRosa, MPH, RN, CPHQ
- Kaydee Schmidt, MSN, MPH, RN

Objectives

- Enumerate the MA PHN workforce
- Analyze changes of MA PHN workforce 2006 –
 2010
- Discuss strategies to assure equal access to PHN services

Introduction

- PHNs are essential in improving the health of communities
- PHNs are needed to:
 - Address population health issues
 - Reduce health disparities
 - Create healthy social and physical environments
 - Manage new and emerging health issues

Survey Methods

- 2006 First Survey
 - Baseline data
- 2010 Second Survey
 - Identify trends
 - Document PHN/Population Ratio

Survey Methods

- Voluntary pencil/paper
- 15-20 minutes to complete
- Distribution
 - 2009 MA PHN annual conference
 - MA PHN Regional chapter meetings
 - Available on-line

Survey Methods

- 174 surveys returned
- Covering 183 municipalities
- Representing 80% of the population of the Commonwealth

MA PHN Profile

- Age
- Education
- Prior nursing experience
- Years of experience PH
- Language fluency

Employment

- Hours
- Compensation
- Benefits

Practice

- Scope of practice
- Screening/clinics/programs
- Populations Served
- Preparedness

MA PHN Profile





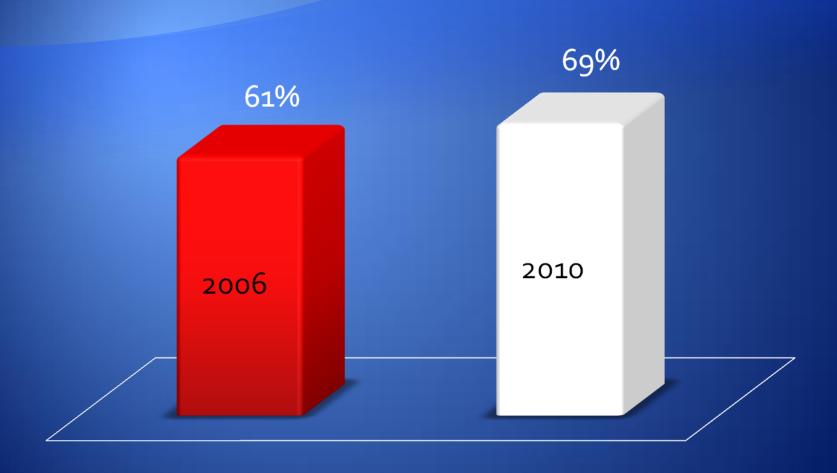


MA PHN Average Age

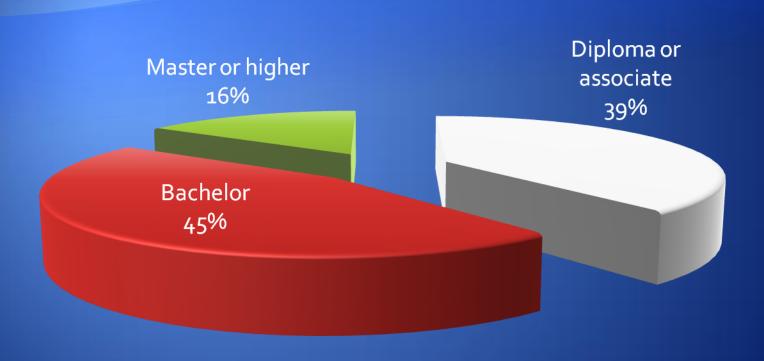


HRSA 2010 The Registered Nurse Population Survey

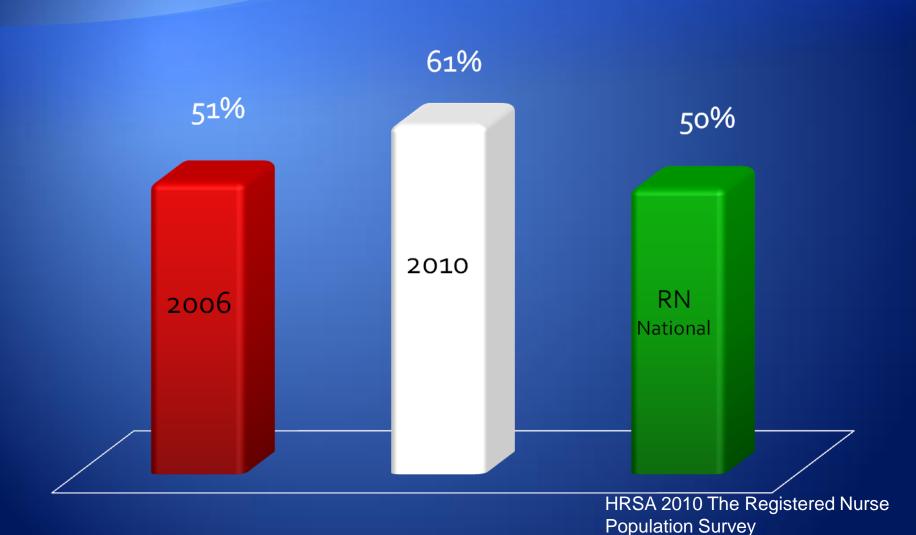
Percent of MA PHNs >50 yrs and older



MA PHNs Educational Level



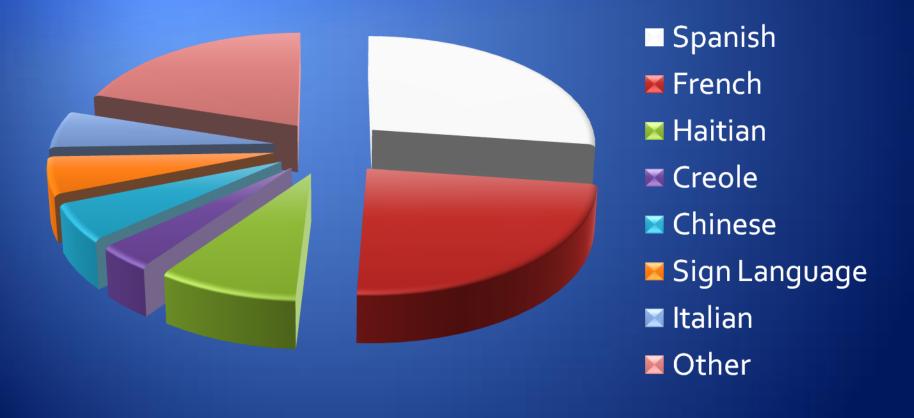
MA PHNs with Bachelor Degree or higher





MA PHN Language Fluency

22% responded that they speak another language



Past Years of experience practice

Education



Employment





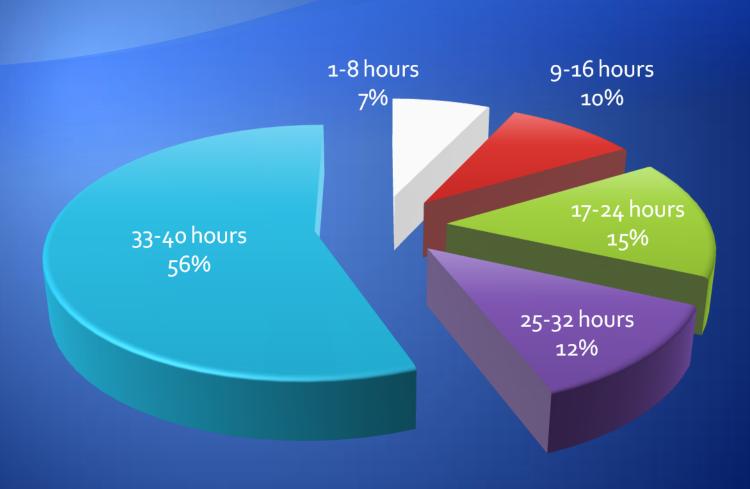


MA PHN Average Hourly Rate 2006 / 2010



Bureau of Labor Statistics

MA PHN Hours Worked Per Week



Extra Hours per Week

- 79 PHNs worked for additional hours
 - 26 PHNs were paid for additional hours
 - 53 PHNs were <u>not</u> paid for additional hours (average 5 hours/week)

This represents \$313,656 of unpaid service per year

Benefits

- Health insurance
- Travel expenses
- Paid sick time
- Liability insurance
- Membership dues

Retire Within 2-4 years?

- 7% responded they will retire in 2 years
- 14% responded they will retire in 4 years

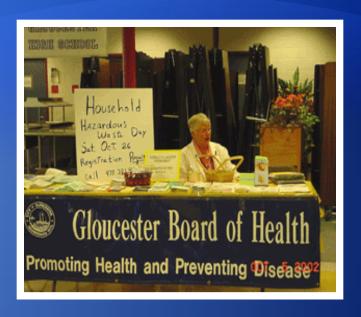


Projection of 21% retiring within 4 years

Practice









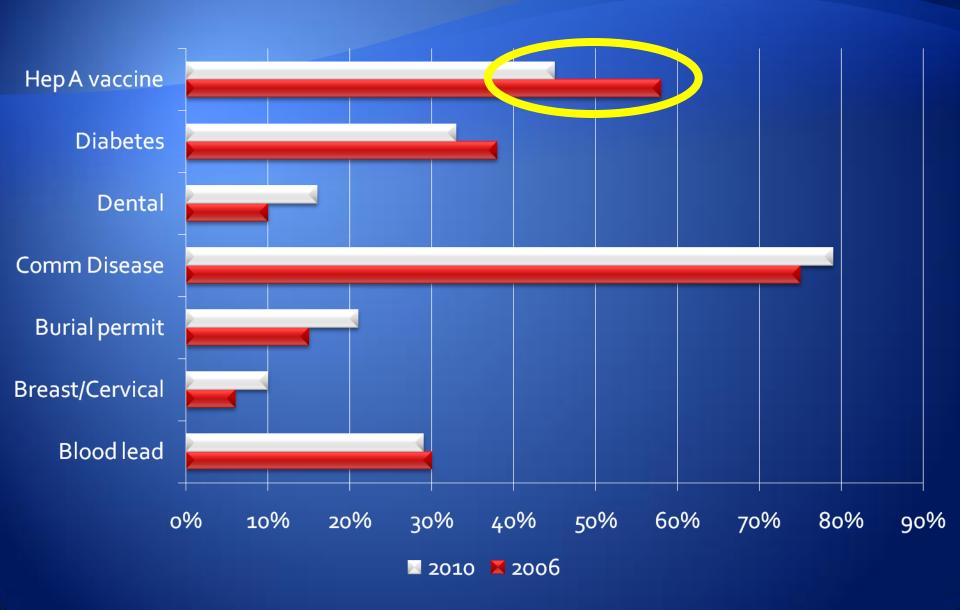
Scope of Practice



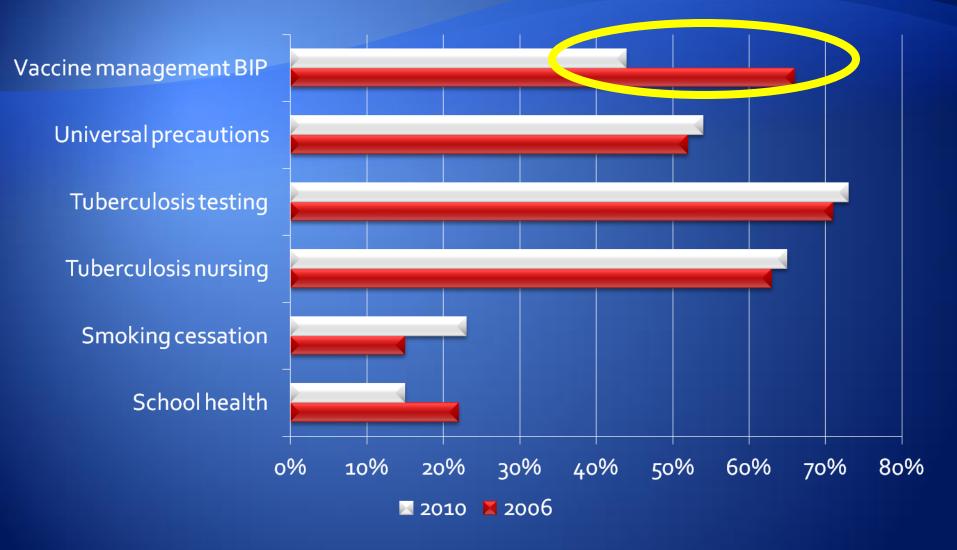
Scope of PHN Practice

	2010	Increase / Decrease
Surveillance, Disease Investigations Outreach, Screening, and Case finding	94%	1
Referral and Follow up, Case Management and Delegated Function	91%	↑
Health Teaching, Counseling and Consultation	89%	\leftrightarrow
Collaboration, Coalition Building and Community Organization	81%	1
Advocacy, Social Marketing and Policy Development	72%	↑









Training	2006	2010
Behavioral Health Response	16%	56%
Mass Dispensing Site (EDS)	49%	69%
Personal Protective Equipment	34%	61%





Training	2006	2010
Incident Command System (ICS)	58%	80%





Training	2006	2010
Health and Homeland Alert Network (HHAN)	43%	55%
Risk Communication	45%	59%





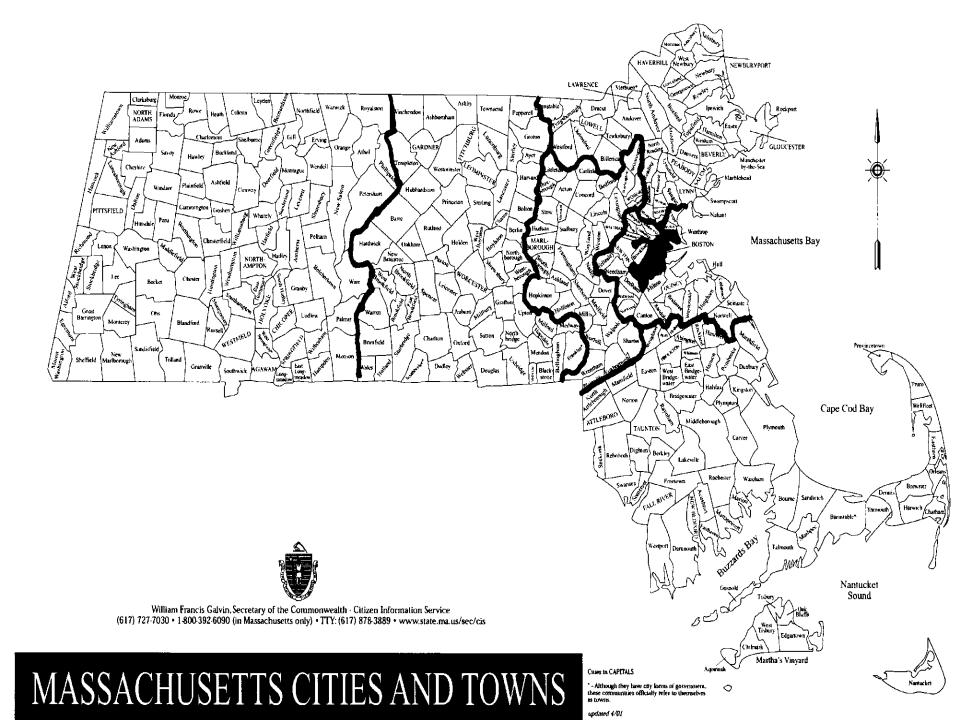


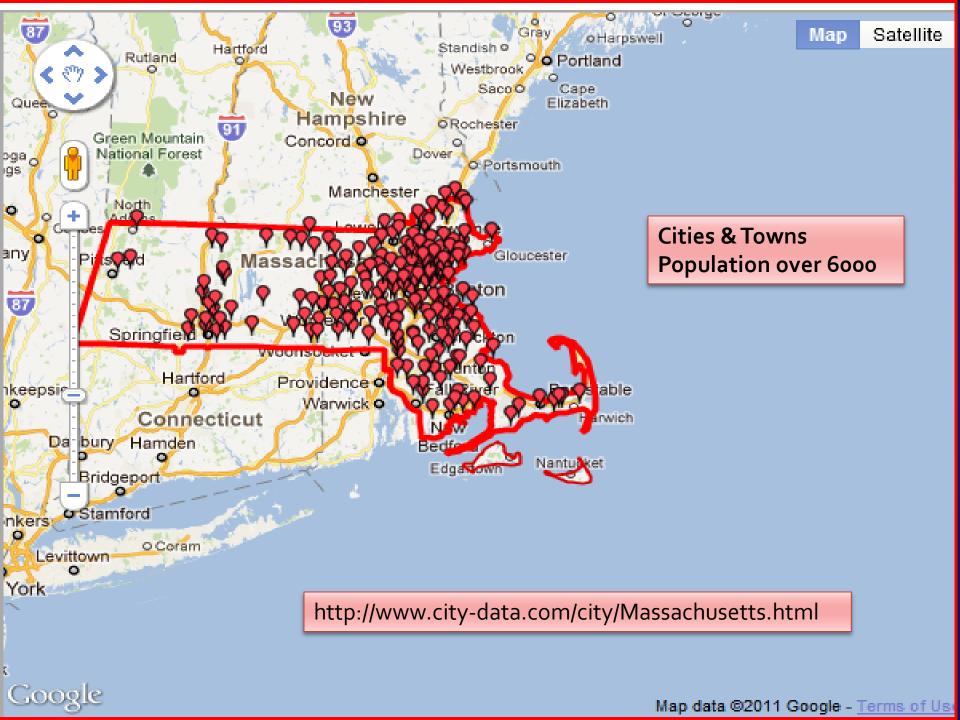
Training	2006	2010
Local Emergency Planning Committee (LEPC)	41%	64%
Drill Participation	36%	69%



Populations Served









National Recommendation 1 PHN per 5000

Examples and Anecdotes

Examples

Town 1 PHN: 6,500 population

1 PHN / 6,500

Town/City 2 PHNs: 65,000 population

1 PHN / 32,500

Anecdotes

One larger city had a major reduction (6 PHNs down to 2 PHNs)

1 PHN / 30,000 to 1 PHN / 90,000

Another large city has had a reduction

1 PHN / 10,000 to 1 PHN / 12,000

Some towns are without PHN services

What Did We Learn!

About the PHNs

About the tool and collection process

About the PHNs

- Education above national average for BSNs
- PHNs are aging in place
- Retirement % remains consistent
- Salary increased marginally from 2006 to 2010
- Growth and Development
 - Scope of Practice
 - Emergency Preparedness and Response

Tool and Survey Process

- Data needs to be more timely
 - Readiness of electronic methods and systems
 - Website advances
- Did not capture PHN to population ratio
 - # PHNs with reduced hours
 - # Lost PHN positions
 - Consolidation of functions or communities

Recommendations 2006

- Lead in Workforce Development
- Assure Competency and Preparedness
- Recruit and Retain PHNs

Recommendations 2010

- Maintain local and national alliances
- Utilize technologies
- Increase attendance at educational, skill building and networking sessions

Planning for the Future

Utilize Technologies

- Obtain more <u>timely</u> data survey on-line
- Develop educational opportunities for building informatics skills and competencies
- Meet the state's mandated <u>electronic reporting</u>

Contribute Nationally

- Continue to <u>document services</u> provided
- Improve ability to define the <u>denominator</u>

Questions or Comments

Massachusetts Association of Public Health Nurses www.maphn.org



THANK YOU